



5

Programme  
Management



# What's in this chapter?

This chapter describes effective management systems for national and subnational programmes serving trans people in multiple locations including urban settings. This includes:

- **how management systems support effective programmes** with trans people, including for HIV and STI prevention (Section 5.1)
- **how to design, organize and implement a programme** (Section 5.2) including identifying community needs, tailoring services to meet these needs, ensuring high-quality services, mechanisms to increase acceptance and uptake, and establishing monitoring and evaluation systems
- **how to bring a programme to scale** in a staged manner (Section 5.3)
- **how to build capacity within the implementing organization** (Section 5.4).

Throughout the chapter there is a focus on programme ownership by trans people to support management and delivery of community-led programmes within trans communities.

The chapter also provides a list of **resources and further reading** (Section 5.5).

## 5.1 Introduction

This chapter gives guidance on strengthening management of national and subnational programmes delivered with and for trans people. To provide high-quality services to a large proportion of trans people, national-level management ensures coordinated delivery of a programme. Depending on the size of the country, additional layers of management may be needed to support local implementing organizations.<sup>1</sup> Delineated tasks are assigned at these different levels of management.

A management system is key to delivering a programme, as it supports and facilitates:

- design, planning and delivery of multiple activities at different levels
- definition of programme staff roles and responsibilities, management of relationships with external partners and linkages with other programmes
- operational activities underpinning programme delivery such as data collection and reporting of results, commodity procurement, quality assurance monitoring, and supervision and training of staff
- public outreach and information-sharing to create awareness and demand for services
- financial procedures and controls.

This chapter is not a comprehensive guide for strategic planning or programme management—many other resources are available to assist managers (see Section 5.5). It focuses on several management approaches and systems that are particularly relevant for trans programmes, and on the necessity of including trans people in each stage of designing, implementing, leading and monitoring programmes. Although policies and systems may not be available in all contexts to support all the aspects of programme management described here, programme implementers and policy-makers are encouraged to implement whatever is feasible and to develop and strengthen components as necessary.

### 5.1.1 Essential issues for designing and managing HIV and STI programmes serving trans people

**Trans leadership:** When a new programme is planned, trans people should be included in its design and implementation from the outset. When an existing programme with trans people is developed and refined, trans people should be increasingly engaged in its management and delivery. Initial management by a supportive non-government or government ally ideally shifts to self-management by the trans community members. The management of non-trans-led implementing organizations should be trained to maintain and repeatedly articulate a focus on community empowerment, not just on technical and service delivery aspects. Opportunities for trans staff should be developed in senior management, leadership, governance and monitoring, rather than just limited career opportunities such as community outreach<sup>2</sup> (see Section 5.4.3).

---

1 An implementing organization is an organization delivering an intervention to trans people with a client-centred approach. It may be a governmental, non-governmental, community-based or community-led organization, and may work at a state, provincial, district or local level. Sometimes a non-governmental organization provides services through subunits at multiple locations within an urban area, and in this case, each of those subunits may also be considered an implementing organization.

2 Community outreach is outreach to trans people in order to provide services such as education, commodities and other forms of support. Wherever possible, outreach is best done by empowered and trained community members, i.e. trans people (referred to in this tool as community outreach workers). However, non-trans people can also be effective outreach workers, especially in contexts where community members are not yet sufficiently empowered to do outreach.

**Addressing structural and societal constraints:** During the programme design phase, decisions will be made on the constituent elements of the programme. Where feasible, a multifaceted programme addressing structural issues beyond direct HIV risk reduction may generate more community<sup>3</sup> interest and uptake and provide multiple entry-points for trans people to engage programme services. Supporting local trans communities through housing, legal aid, employment, health or immigration advice can positively impact HIV risk and management, and these interventions are valid to consider as part of an HIV and STI programme. Generating ideas for new employment and businesses opportunities for trans people may be particularly useful in encouraging community cohesion. Co-location of services, for example within a community safe space (drop-in centre)<sup>4</sup> for trans people (see Chapter 4, Section 4.6), can help make the programme more relevant and accessible.

**Linkages and coordination with other services:** At the local level, local government, such as city councils, may be receptive to partnering with community-led organizations. Consideration can be given to developing complementary services, such as government support for after-hours community outreach and client transport services delivered by non-government providers. Trans community health and social issues should be incorporated within national strategic and development planning processes via advocacy efforts. Ensuring that trans community needs are adopted within strategic planning frameworks is important for bringing services to scale and building networks for effective referral between trans and broader national development programmes. Advocacy and negotiation with government helps facilitate whole-of-government responses to trans issues such as addressing violence against trans people in a holistic manner (see Figure 5.1 on p.163).

**Financial management:** Managers must give attention to securing adequate financial resources, budgeting, and ensuring financial sustainability. Budgeting must occur both before the start of a programme, and over each new financial cycle, when commitments from donors, governments and other sources may be renewed. Programmes may be funded by the national or local government but delivered by community-led organizations with good links and reach within trans communities. Sponsorship, donations, charitable foundations and the private sector can also be sources of funds. Throughout the programme cycle there needs to be ongoing financial monitoring—regular accounting of income and expenditure to ensure that expenditures remain on track and do not escalate beyond budget. Financial controls are important to ensure that funds are spent appropriately on legitimate programme needs. Financial monitoring is thus an integral part of programme management to ensure sustained delivery of services.

**Confidentiality and protection of personal data:** Designing and managing a programme with trans people requires information on the locality of trans individuals, the size of trans communities and, ideally, unique but confidential identifiers for individual trans clients. Unique identifiers help avoid duplication of services, promote uptake of services and assess the extent of coverage, particularly where there are multiple implementing organizations. Personal data that identify locations or individuals must be handled with strict confidentiality and must be protected from access by individuals, groups or organizations hostile to trans people.

3 In this tool, community refers to populations of trans women or men, rather than the broader geographic, social or cultural groupings of which they may be a part. Thus, “outreach to the community” means outreach to trans people, “community-led interventions” are interventions led by trans people, and “community members” are trans people.

4 A safe space (drop-in centre) is a place where trans people may gather to relax, meet other community members and hold social events, meetings or training. For more information, see Chapter 4, Section 4.6.



**Flexibility and continuous programme learning:** The environment in which trans people live changes rapidly because of economic fluctuations and legal and social issues, as well as the use of technologies such as smart phones and the Internet. Trans people are often highly mobile, moving within a city, country or across state or national borders to follow fluctuating employment opportunities, find better services or seek a more accepting environment. Programme managers in collaboration with trans communities thus need to design flexible interventions to meet varying local demand for outreach and commodities, and to serve trans people who may not speak the local language. Provision of HIV and STI and other programmes and services for trans people should not be conditional on local registration, residency or citizenship. Given this diversity, changing context and the relative inexperience of some organizations in programming with trans people, it is important to develop management systems that enable rapid adjustments to programmes when necessary, incorporate client feedback, and disseminate lessons, innovations and trans-affirming good practices.

## Box 5.1

### Case example: Trans leadership for service delivery in the USA

The Center of Excellence for Transgender Health (CoE) at the University of California San Francisco (UCSF) is managed and staffed by trans people. Its goal is to improve the overall health and well-being of trans people by developing and implementing programmes in response to needs identified by the community. The CoE combines the strengths and resources of a nationally renowned training and capacity-building institution, the Pacific AIDS Education and Training Center, and an internationally recognized leader in HIV prevention research, the Center for AIDS Prevention Studies, both of which are housed at UCSF.

The CoE began as a collaborative project of researchers, coordinators from local trans community-based organizations, health- and social-services providers and trans community advocates in San Francisco. CoE created a safe and welcoming space to offer gender-affirming<sup>5</sup> health education and referral services to trans people in the San Francisco Bay Area at risk of acquiring HIV or who are living with HIV.

The CoE provides capacity-building and technical assistance to organizations interested in providing trans-competent<sup>6</sup> health services and other services to trans communities in the United States and internationally. The centre also provides primary care for trans and gender non-conforming clients and engages in research, including intervention development for HIV positive trans women of colour.

The CoE includes community perspectives through a national advisory body of nine trans-identified leaders from throughout the United States. The body's diversity and collective experience ensures that the organization's programmes address issues that are timely and relevant to the community.

[www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu)

5 Gender-affirming refers to medical procedures that enable a trans person to live more authentically in their gender identity.

6 Trans-competent refers to the provision of services, especially health-care services, to trans people in a technically competent manner and with a high degree of professionalism that reflects the provider's knowledge of gender identity, human rights and the particular situation and needs of the trans individual being served. In addition, trans-competent care is delivered in a respectful, non-judgemental and compassionate manner, in settings free of stigma and discrimination.

## Box 5.2

### Case example: Engaging the community in national strategic planning in Peru

The Global Fund to Fight AIDS, Tuberculosis and Malaria is supporting trans-specific civil-society participation in the country coordinating mechanism and other public-policy arenas. Trainings are offered to trans women to enable them to better understand and articulate their needs to policy-makers. Trans women activists trained through the programme are advocating for stronger legislation for gender-identity<sup>7</sup> and human-rights protections and for more systematic documentation of violence and abuse against them.

## 5.2 Planning HIV and STI and other programmes with trans communities

At the central level, it is beneficial for trans people to become engaged in high-level strategic planning processes. Trans persons can give input to national strategic plans on HIV, social protection, community strengthening and other relevant areas of development, including ensuring adequate domestic investment in trans community development and programmes.

Developing and delivering specific public-health programmes can occur in a cycle with three core components, all of which need to be driven by programme managers with community engagement and oversight from the outset:

1. **Collect and analyse strategic information** to identify issues affecting local trans communities, including collection and review by community members themselves. Ensure collection of disaggregated data to identify specific needs within different age groups, gender identities, sexual orientations, ethnic and cultural groups and different locations.
2. **Engage communities to develop and implement a series of tailored interventions** to address specific, identified issues, in partnership within local communities.
3. **Monitor and evaluate the interventions** to assess their impact and refine and improve service provision, ensuring community consultation and leadership throughout.

### 5.2.1 Collecting and analysing strategic information

Effective programmes respond to needs articulated by trans communities themselves. This is facilitated by ensuring meaningful and appropriate collection of data, for example with adequate disaggregation along gender, age, social and cultural lines. Researchers should adopt trans-specific and trans-sensitive approaches during their data collection. For example, care must be taken not to conflate trans people with gay men or other men who have sex with men.

Some form of initial needs assessment, situational analysis or other data collection process is useful to gauge community needs and priorities. Trans community members must be involved and conduct this initial research. With appropriate ethical, confidentiality and data safeguards, some issues affecting trans people can be quantified via routine data collection and periodic surveys, e.g. prevalence of HIV and other STIs, and incidence of harassment and violence. However, some issues of critical

<sup>7</sup> Gender identity is a person's internal, deeply felt sense of being male, female or some alternative gender or combination of genders. A person's gender identity may or may not correspond with her or his sex assigned at birth.

concern to many trans people and relevant to prevention and care programmes may not be easy to measure, such as multiple impacts of marginalization and stigmatization. Programme managers thus need a variety of data sources to gauge and prioritize issues faced by trans communities. These include community-led approaches and qualitative data, such as through key informant interviews and focus group discussions. Collected data may be cross-checked (triangulated) to ensure validity. The desired information is not always available at the start of a programme and it may be necessary at first to use estimates, e.g. of the size of the local trans populations. This may vary according to setting (e.g. urban versus rural), and within different areas within a city. Initial estimates may be validated later as ongoing monitoring proceeds with further collection of quantitative and qualitative information. Programme managers should provide feedback and discuss findings with representative community members to ensure these correspond with local communities' own needs and concerns.

The rationale for a proposed programme within a trans community is thus ideally developed from local evidence, including unmet needs, community perspectives and wishes, and expected gains, in terms of reduced disease, improved health and overall well-being.

### Box 5.3

#### Case example: Community-led data collection in Peru

IESSDEH (Institute of Studies in Health, Sexuality and Human Development) in Lima began researching the trans population with support from amfAR in 2009. The organization has performed quantitative and qualitative studies, with trans women trained to interview their peers within different community spaces, such as beauty shops and private homes. As well as data on HIV knowledge, attitudes and practices and the prevalence of HIV, information has been collected on respondents' level of education, employment and access to health care.

Findings show that many trans women prefer to treat themselves due to pervasive stigma and discrimination within the health-care sector, effectively creating a parallel and unmonitored health system. As sex work is the main source of income for many trans women in Peru, they are at high risk of HIV transmission due to infrequent condom use when clients pay more to have sex without a condom, police harassment when sex workers carry condoms, and through sexual violence. IESSDEH's research has revealed strong evidence of the negative impacts of transphobia<sup>8</sup> among trans people, and alarming data about the community HIV prevalence: 30% of trans women are living with HIV, as opposed to 0.4% of the general population.

Valuable lessons have been learned from this community-led research, showing that trans individuals' engagement greatly increases the quality and depth of results. Although community participation can slow the pace of research, it adds greatly to findings and helps identify factors leading to trans women's vulnerability and marginalization. Community-led research helps provide a better evidence base on which to build community development programmes that address the identified needs of trans persons. Training trans researchers also increases employment opportunities for trans people in future trans-related research.

<sup>8</sup> Transphobia is prejudice directed at trans people because of their actual or perceived gender identity or expression. Transphobia can be structural, i.e. manifested in policies, laws and socio-economic arrangements that discriminate against trans people. It can be societal when trans people are rejected or mistreated by others. Transphobia can also be internalized, when trans people accept and reflect such prejudicial attitudes about themselves or other trans people. For more information, see Chapter 2.



### 5.2.2 Developing tailored interventions

To implement a programme that addresses trans communities' identified needs, programme planners must identify the range of services and interventions to be delivered, appropriate location(s), infrastructure requirements, expected costs and funding sources, and linkages to other programmes that will successfully facilitate implementation and programme delivery.

A “theory of change” can be a useful tool for planning a programme by identifying its logical stages and causal links. Programme *inputs and resources*, e.g. staff and commodities, are obtained to enable programme *activities* to occur. These activities in turn lead to programme *outputs*, e.g. occasions of service. Outputs in turn lead to *outcomes*, such as increased condom and lubricant use and uptake of HIV testing services. Ultimately these outcomes lead to *results*—the final impact of a programme in terms of reduced HIV, STIs, violence, discrimination etc. Developing a theory of change helps to identify and plan for the desired results of a programme, by identifying what resources are needed and how these will be used to conduct activities.<sup>9</sup>

The setting and structure of a programme serving trans people must be carefully designed. A standalone HIV and STI service may generate further stigma and discrimination. Integrating a programme with other interventions can ensure that the demands, needs and documented issues of trans people are addressed seamlessly as part of broader community development (see Chapter 4, Section 4.2.1). Holistic programmes can support trans people to assert agency<sup>10</sup> over their gender identity, sexuality, health and life, as well as addressing a range of health issues including sexual and reproductive health, drug and alcohol use, tuberculosis and psychosocial health and well-being. Broader social, economic and justice issues may also be considered as part of a comprehensive community development approach.

An important element to consider is the differing needs of trans people of different ages, including education, counselling and support for both young, pre-sexual trans people and adolescent trans people exploring and affirming their developing, nascent gender identity and sexuality.<sup>11</sup> Consideration is also needed of how to extend programmes to parents of young trans people in order to support and sensitize parents and promote acceptance. Design of services in terms of addressing the changing “life-course” needs of trans people is a useful way to set up a programme that is relevant, holistic and provides good coverage to the whole community (see also Chapter 3 Section 3.2.5). Ensuring tailored services for unemployed as well as self-employed trans people, including sex workers, can also help increase coverage and relevance.

9 For examples of theories of change, see: <http://www.theoryofchange.org/what-is-theory-of-change/> [http://www.aidsalliance.org/assets/000/000/717/90668-Briefing-our-theory-of-change\\_original.pdf?1406297651](http://www.aidsalliance.org/assets/000/000/717/90668-Briefing-our-theory-of-change_original.pdf?1406297651).

10 Agency means the choice, control and power to act for oneself.

11 Young trans people are those in the age range 10–24 years, in accordance with the Interagency Working Group on Key Populations *HIV and young transgender people: a technical brief* (Geneva: World Health Organization; 2015).

## Box 5.4

**Establishing comprehensive, integrated community-led services**

The Global Fund to Fight AIDS, Tuberculosis and Malaria supports several trans community organizations to strengthen community-led services. Some of these have a holistic, comprehensive approach to delivering HIV interventions within broader community development frameworks:

**We Are Healthy Health Centre (Centro de Salud “Somos Saludables”), El Salvador:** This drop-in centre provides a safe space for trans people to socialize and discuss safer sex, family relationships and social issues. HIV information and testing services are also provided. The Centre has a monthly schedule to distribute condoms, lubricants, leaflets, legal advice and other assistance. A group of trans volunteers also accompany trans people during their visits to public hospitals to ensure greater care retention.

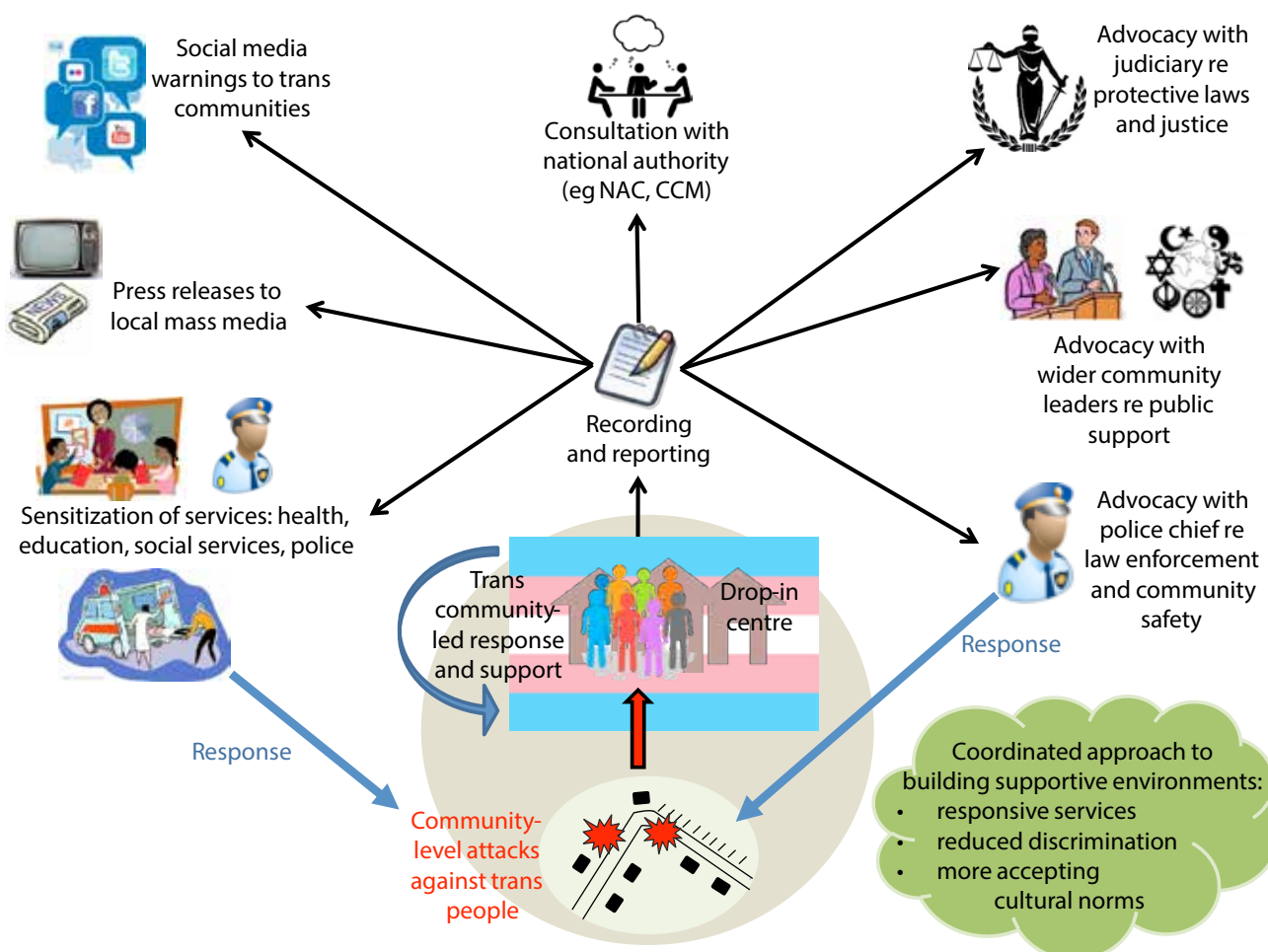
**Project DIVA multi-country South Asian grant: Afghanistan, Bangladesh, Bhutan, India, Nepal, Sri Lanka, Pakistan:** Project DIVA supports capacity-building of over 60 in-country and regional community-based organizations engaged in HIV prevention, care and support services; policy development and advocacy; partnership with local governments and health departments; research into trans issues; and creating stronger community systems. Health providers have been trained with a trans-specific health curriculum: *The time has come: enhancing HIV, STI and other sexual-health services for MSM and transgender people in Asia and the Pacific*. The training package reduces stigma in health-care settings and is being integrated into national curricula.

Figure 5.1 shows how an intervention addressing a specific issue—violence against trans people—requires multisectoral management and coordination (see Chapter 2 for further detail on programming addressing violence, stigma and discrimination).

Section 5.3 describes in detail how to implement services in stages to ensure that coverage is consistent and of high quality. The remainder of this section describes the process of setting programme standards, defining the management structure, increasing community acceptance and uptake of services, and ensuring consistent service delivery.

**Setting programme standards**

Ensuring that HIV and STI prevention, diagnosis, treatment and care programmes meet agreed standards is an essential management function. Interventions designed for other populations may need to be adapted for trans people, and existing trans programmes may need to be strengthened to reach desired quality. Care must be taken to identify specific trans communities' needs and not to conflate trans people with other groups and communities, although opportunities for overlap of services may still exist if specific tailoring and sensitisation can be maintained. Services should be delivered simply and straightforwardly, but with sufficient gender-affirming technical and professional expertise, with adequate attention to standard operating procedures and agreed treatment protocols and defined minimum standards. Training materials for providers are ideally adapted to suit trans programmes and developed nationally to maintain quality and consistency. A service charter is useful for clearly displaying the service-provider's objectives and obligations, as well clients' rights and responsibilities.

**Figure 5.1** Comprehensive approach to addressing violence against trans people

### Defining the management structure

Smooth programme delivery requires all programme staff to have clear roles and responsibilities across all levels of the programme. External, complementary and synergistic partnerships also need to be defined (e.g. with government, media, medical services etc.), with clear linkages and referral mechanisms supporting effective and holistic implementation.

At the national/central level, programming involves:

- setting programming standards
- ensuring programmes are implemented in prioritized areas and communities
- monitoring dashboard indicators<sup>12</sup> from project implementers
- delivering a country-wide evaluation plan.

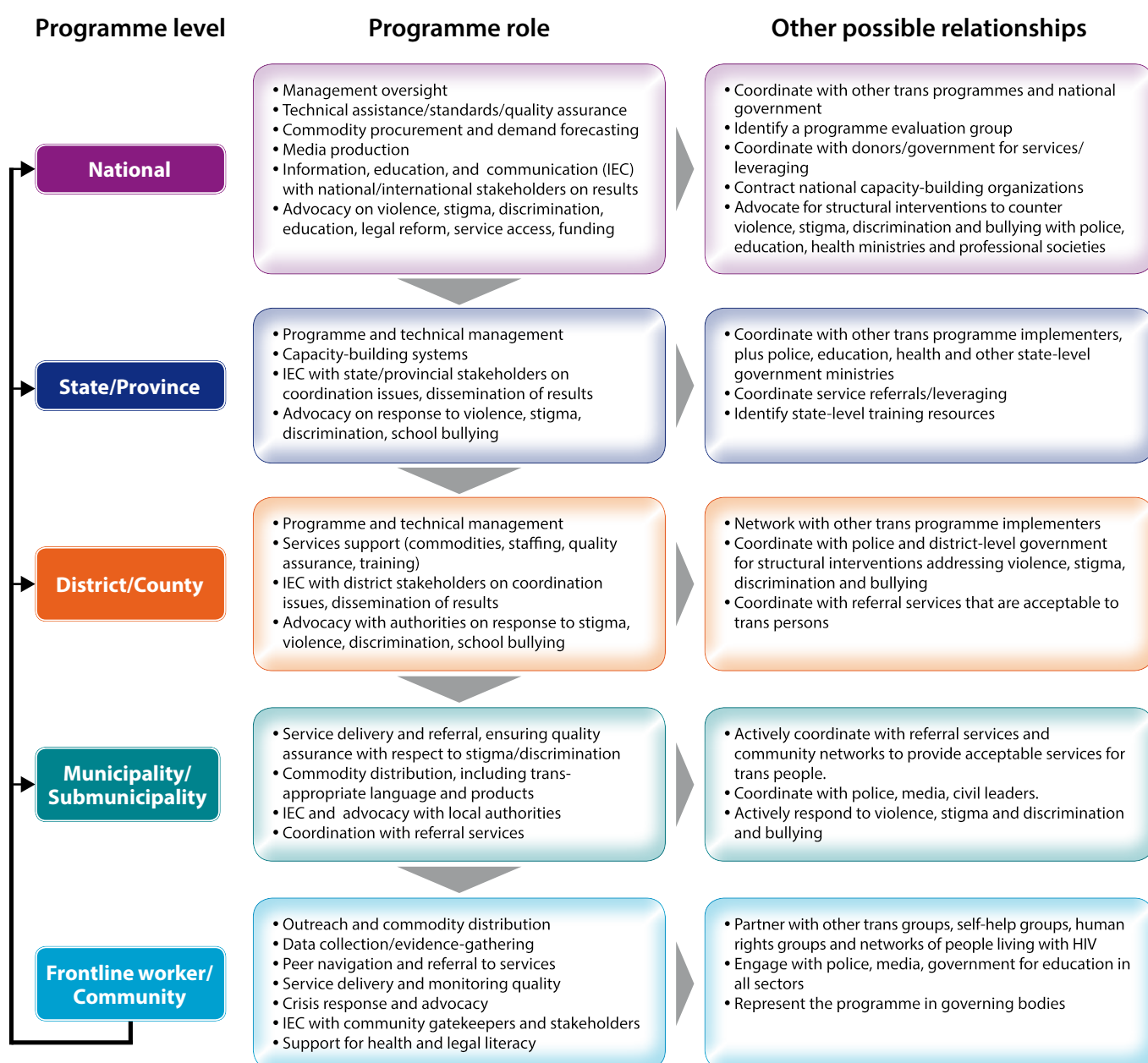
Figure 5.2 illustrates a management structure of a national programme—drilling down to local, municipal and community outreach levels, showing oversight and reporting relationships within the programme, as well as external relationships managed at different levels. Key management roles are:

<sup>12</sup> Dashboard indicators are a standardized, minimum set of programme monitoring indicators, aggregated to a national level. They provide an overview of how well the programme is functioning (rather like gauges on the dashboard of a car keep the driver informed).

- **Setting milestones<sup>13</sup>** coupled with field oversight for monitoring both quality of services and progress towards milestones. Regularly review progress against targets to adjust strategies and tactics. Use programme experience and data to make mid-course corrections.
- **Establishing an organizational culture** that aims to:
  - empower trans people to manage the programme
  - empower staff at all levels to use local monitoring data to improve the programme.

**Figure 5.2** Illustrative management structure for a national HIV prevention, diagnosis, treatment and care programme with trans people

*Note: programme roles are not exhaustive*



<sup>13</sup> Milestones are intermediary targets that are necessary steps towards achieving overall programme goals.

### Increasing community acceptance and uptake

As services are set up, efforts are needed to promote their uptake. Benefits of a service need to be explained to key individuals and leaders within local trans communities. Such community gatekeepers influence perceptions and attitudes and can encourage uptake. Community leaders, respected service-providers, local advocates and allied organizations can all help build knowledge and acceptance of a new service, catalyse health-seeking behaviours of trans people and help them navigate health and other services. Various communication strategies can also help increase acceptance of services, including community-led referrals, publicity via social networks, other information and communication technologies, and advertising campaigns.

Encouraging uptake of newly available health services may be challenging, owing to existing stigma and discrimination and some trans people's negative perceptions of service-providers. Time, patience and sensitivity are needed to build trust within the community to increase uptake. Barriers to uptake can be addressed, including providers' knowledge, attitudes and skills regarding common trans health issues, service costs and lack of quality. Structural vulnerabilities should also be addressed, such as lack of income, punitive laws and discriminatory law-enforcement approaches.

### Ensuring consistent service delivery

Once a programme is up and running, it is important to ensure continuity of service provision with uninterrupted supply of products and services. Day-to-day management can be coordinated and streamlined using continuously collected monitoring data (see Section 5.2.3). Stock control, equipment servicing, human-resource management, budgeting and financial requirements, utility and council charges must be monitored to prevent disruption to any part of the programme. Equally important, community monitoring is needed to identify any local barriers or concerns regarding the services. Strengthening treatment literacy of trans individuals living with HIV increases understanding of HIV and ART and can generate demand for improved health services within their communities.

Running a comprehensive care programme within the community does not mean taking on all responsibilities of the government health sector. Procurement of goods and commodities such as drugs, reagents and equipment is a primary responsibility of governments, for which they are accountable. Meanwhile, members of trans communities should become familiar with the procedures employed in health centres and health outlets in general so they can warn of risks of stock-outs, expiring medicines and any other threats to the functioning of the programme.

## 5.2.3 Monitoring and evaluating the interventions

### Establishing a monitoring system

Routine collection, analysis and interpretation of data are essential operations within the programming cycle. Useful data include “occasions of service”; commodities distributed or prescribed; types of conditions diagnosed; outreach and community-led interventions, counselling and referrals. Other forms of periodic monitoring include client satisfaction surveys and “mystery client” attendance, i.e. clients who, unbeknownst to the provider, provide confidential feedback on services they received. Information can also be collected on the outcomes of persons treated (e.g. suppression of HIV viral load, cure of certain STIs). Social media can also be used by clients to share information and experiences of care and services they have received via programmes. See also the WHO *Tool to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations*.

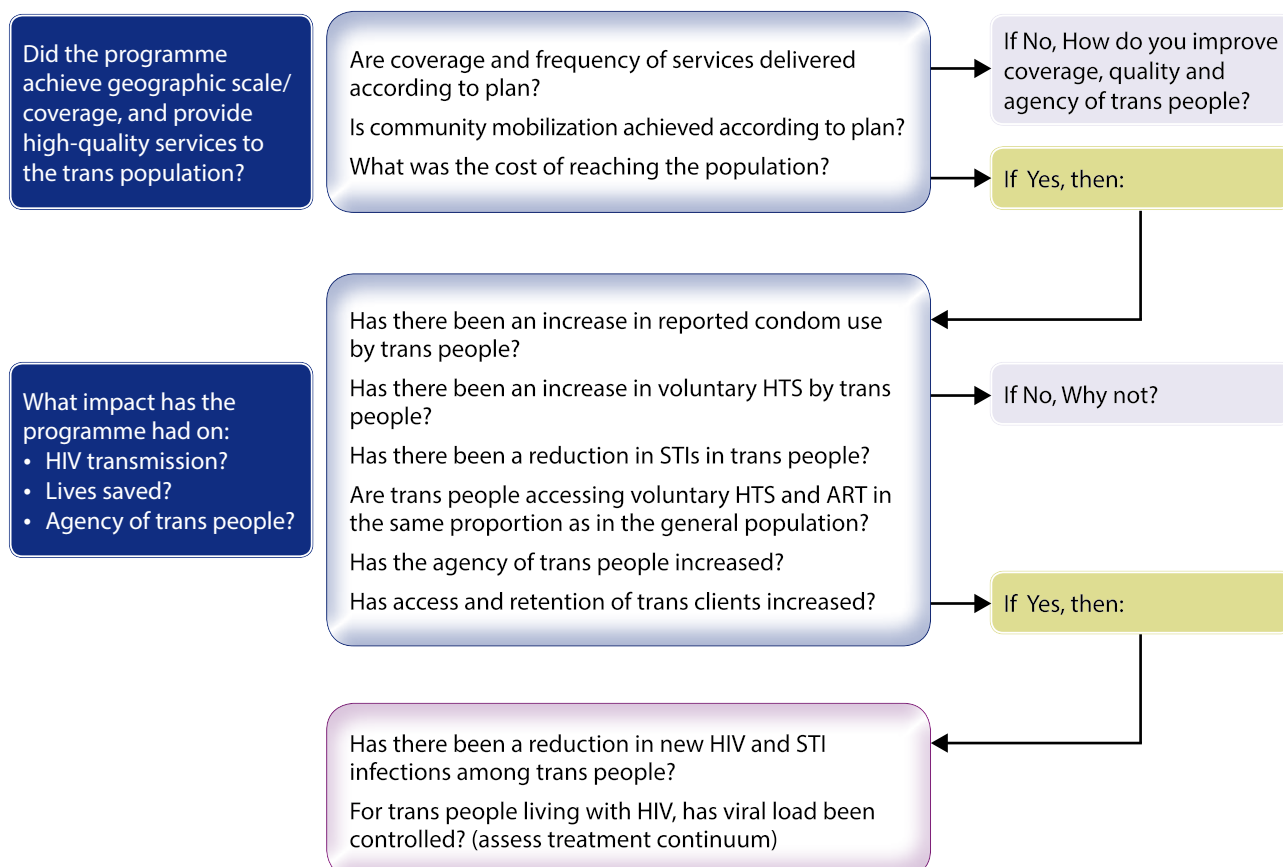
Any changes in uptake of services can be ascertained through continuous monitoring. An increase in the number of clients may signal success and acceptance within the community, leading to the need to increase procurement of commodities and possible staffing adjustments. A drop in attendance by trans people could indicate some local structural issue, prevention “fatigue” or lack of acceptance of service-providers. Measurable changes in delivery of interventions alert programme managers to the need to take actions and adjust service provision accordingly.

Members of local trans communities must have a say in service provision, including in all reviews and when adjustments are necessary. This is ideally achieved through a programme oversight committee or governing board which includes community representation to give community feedback and guidance to managers. Such oversight is an essential aspect of programme quality, ensuring that services or interventions are delivered appropriately and are aligned with community needs and expectations. Community monitoring of implementation adds insight to coverage, acceptability and appropriateness of programmes and services (see also Chapter 2, Section 2.4).

### Evaluating the programme

Broadly speaking, a programme evaluation assesses first how well the implementation matched the original programme design (e.g. in terms of programme content and coverage), and second the ultimate impact of the programme, i.e. its end results. Did it prevent and manage HIV and other STIs occurring within trans communities? Did it build capacity of the implementing organizations? An illustrative, national-programme-level evaluation framework is depicted in Figure 5.3. See Section 5.5 for further guidance documents on designing evaluation programmes with trans people.

**Figure 5.3** Evaluation framework for a multi-component HIV and STI programme with trans people





Key issues to consider when designing an evaluation are:

- **Effective community and ethical safeguards are in place.**
- **Clarity on the evaluation goal:** What is to be evaluated? Using the theory of change (see Section 5.2.2) can be helpful in clarifying this. For an evaluation, the results of the programme need to be identified, together with the degree of certainty that these results were achieved, in terms of both adequacy (the content, scale and reach) and plausibility (whether changes were due to the programme itself or to other factors).
- **Financing the evaluation:** Often data analysis and dissemination of results are under-budgeted. It is good to build in the estimated costs of monitoring and evaluation at the start of the programme. As a guide, about 5–10% of the total project budget should be allocated for monitoring and evaluation.
- **Data collection and triangulation:** Good collection of data is essential to accurately gauge programme impact, as well as to demonstrate to managers and funders that implementation is as planned and remains on track. Data collection methods include:
  - Surveys—ideally a baseline survey before interventions are started, with periodic follow-up, e.g. periodic, integrated biologic behavioural surveys (IBBS) and stigma index survey, which provide the best evidence of impact, provided they have sufficient power (size relevant to the trans population), and are representative and free of biases.
  - Routinely collected service statistics, e.g. enrolment data, numbers of trans people contacted, number of condoms and lubricant distributed etc. Further routine monitoring of health outcomes (e.g. HIV or STI rates) may be conducted by national HIV or STI programmes, where these exist, e.g. estimated current prevalence of health issues, or incidence of new cases per given time period. This information may help to assess the impact of the programme in terms of biological outcomes, even where these are approximate values based on models and estimates or incomplete reporting.
  - Registering financial data on programmatic costs.
  - Qualitative data, e.g. from client surveys, mystery clients or key informants.

Trans people must be engaged in research and data collection from the outset. Building relationships between researchers and communities can be challenging. Programmes usually need to first build trust and deliver immediate services within a community before asking intimate questions or requesting biologic specimens. Since one goal of service provision is behaviour change, accurate baseline data can be difficult to obtain. Where possible, data from other sources should therefore be used to triangulate survey data. Likewise, surveys used for evaluation purposes can be used to validate other programme data, for example to:

  - estimate final programme coverage and validate earlier monitoring estimates
  - conduct population size estimates using more mathematically based approaches
  - assess levels of reported violence
  - assess legal and policy environments that may facilitate or impede access to services for trans communities (e.g. conducting mapping of laws and policies)
  - Assess levels of individual and community agency.
- **Dissemination plan:** Dissemination and feedback of results is important at all levels—from nationally down to local trans communities. Dissemination creates ownership of the results, establishes accountability and reliability and helps to further improve programme delivery and uptake.

### 5.3 Implementing a scaled programme

Good programmatic coverage of trans communities is essential to achieve impact at a population level. Programmes that achieve both high coverage and also wide geographic scope (“scaled programmes”) require close partnerships between government, donors, non-governmental organizations (NGOs) and community-led organizations. Coverage needs to be monitored at all levels—municipal, district, state/province and national. Planning for and monitoring coverage requires estimates of total and local trans populations (denominator data). For a country-wide view, the national HIV programme or a central management agency may collect coverage information, working with all implementing organizations (see Section 5.3.2).

Implementing the programme in sequential stages helps to ensure quality and achieve wider geographic coverage. Once the physical infrastructure, e.g. the implementing organizations and service locations, has been developed in all areas, the service package (see Chapter 3, Box 3.1) is rolled out nearly simultaneously across all target geographic areas. This is preferable to piloting in one location first and rolling out to others later. It is a good idea to set up referral linkages to other providers early on for services that cannot be provided initially. As the programme matures, constant quality improvements are undertaken and further interventions and services can be added as needed. Efforts are also needed to ensure sustainability. Figure 5.4 summarizes four stages of programme implementation, described in more detail below.

#### 5.3.1 From start-up to establishing infrastructure across the target geographic area

Key steps in starting a programme include knowing where to establish services and contracting implementing organizations to deliver these services.

##### Estimating the size, characteristics and distribution of trans populations

At the national planning level, reliable data are needed about the numbers and localities of trans people within each geographic area, together with information on existing services if any. Population size estimation and programmatic mapping are dual processes that inform the scale of new intervention(s), where best to locate these, funding and resource needs, setting performance targets, and assessment of programme coverage. Disaggregated data collection provides information on different cultural and age groups represented within trans communities, including young trans persons. Prioritizing locations with the largest number of trans people allows a smaller number of implementing organizations to reach a large proportion of trans people most cost-efficiently.

- **First stage: “Where in the country are there a significant number of trans people?”** Trans people exist across an entire population, but may tend to congregate in certain urban locations for mutual support, economic opportunities and safety. Information may be obtained from local key informants such as trans activists, community organizations representing trans people and service-providers, e.g. NGOs that work with them. In urban areas, interviews may also be useful with a variety of service-providers including police, health, social and education providers. Care must be taken to ensure the exercise does not provoke backlash against trans communities or individuals.
- **Second stage: “How many trans people are living in each municipality/area, and where?”** Once the general geographic area is known, more focused population size estimation may take place, such as via the PLACE method (Priorities for Local AIDS Control Efforts—see Section 5.5) or participatory site assessments, depending on the degree of involvement of

Figure 5.4 Stages of implementing a multi-component programme with trans people



trans people. Another possible method is respondent-driven sampling, a type of structured “snowball sampling” that identifies chains of individuals via personal contacts. Estimating approximate numbers of trans people in each area allows initial interventions to be focused in locations with the largest number.

Population size data are often difficult to obtain, as many trans people are unwilling to self-identify as such. In particular, trans persons who are too young to be sexually active or who are of an older generation where trans status was not well recognized are unlikely to be captured in surveys.

Implementing organizations should then map the community to assess risk behaviours, risk perceptions and barriers to access; define precise locations for interventions and services; and determine programme personnel needs. Risk level is determined by factors like barriers to health care; engaging in sex work; use of drugs; unsupervised injection of hormones or soft-tissue fillers; and the age and agency of trans people. For more information on mapping, see Chapter 4, Section 4.3.1.

### **Allocating responsibilities among implementing units/NGOs**

When assigning implementing organizations to begin services, it is important to define distinct catchment areas for each to cover. Wherever possible, avoid overlaps in geographic areas. The size of local trans communities will determine the area of coverage for each implementing organization. If the target population is too small, it will make the intervention too costly per trans person reached; if it is too large, it may exceed the organization’s management capabilities and create perverse incentives, e.g. inaccurate reporting, fake clients etc.

### **Hiring and training staff**

A multi-component intervention with trans people requires team members with a variety of skills. The composition of a team depends on the services provided, how the services are delivered, the size of the trans community, and the geographic area being covered. Table 5.1 provides an example of an implementation team at a municipality/submunicipality level.

**Table 5.1** Illustrative composition of an implementation team at the municipal/submunicipal level where trans people gather, for delivering a programme to approximately 1,000 trans people.\*

POSITION (NUMBER OF STAFF)	GENERAL RESPONSIBILITY	COMMENTS/ASSUMPTIONS
<b>Coordination and administrative personnel</b>		
Programme coordinator (1)	Responsible for the overall implementation of the project.	
Data officer (1)	Aggregate data, generate reports and monitor data quality.	
Accountant (1)	Maintain accounts and pay local expenses of the programme.	
<b>Medical personnel</b>		
<i>The number and type of medical personnel needed are based on the biomedical component(s) of the programme.</i>		
Physician (1)	Provide clinical services offered by the programme.	Not necessary if clinical services to the community are entirely referral-based.
Nurse (1)	Provide/support clinical services offered by the programme.	Not necessary if clinical services to the community are entirely referral-based.
Clinic support staff (1)	Greet clients. Maintains reception area.	Helps clients navigate available services.
<b>Outreach personnel</b>		
Counsellor (1)	Identify and manage psychosocial issues, and provide support for behaviour-change processes.	Even if clinical services are not provided, a counsellor may help guide trans people on referral clinical services.
Outreach supervisors/managers (~5)	Supervise community outreach workers on a weekly basis. Ensure outreach services are recorded and incorporated into routine monitoring systems.	
Community outreach workers (~20) <sup>14</sup>	Outreach to trans people, provision of commodities, referrals, follow-up and structural interventions. Support behaviour change. Support trans people in responding to stigma, discrimination and violence.	One community outreach worker works 5 days per week, 4 hours per day and can meet 2 or 3 trans people per day. Includes time needed for routine meetings with outreach supervisors/managers and monthly organization meeting. Adjust number if trans people are in close proximity or dispersed.
Office support staff (1)	Support routine office processes.	

\*Staff numbers may be reduced appropriately for smaller trans communities

Implementing organizations will include both non-trans and trans persons on staff. Trans people can occupy all positions for which they are qualified within the implementation team, including leadership positions, and wherever possible it is important that community outreach be done by trans.<sup>15</sup> Adequate and fair salary scales are important, with due recognition and acknowledgement

<sup>14</sup> A community outreach worker is a trans person who conducts outreach to other trans people, and who is not generally full-time staff of an HIV prevention intervention (full-time staff might be called “staff outreach workers” or simply “outreach workers”). Community outreach workers may also be known by other terms, such as “peer educators”. However, the terms “peer” or “community” should not be understood or used to imply that they are less qualified or less capable than staff outreach workers.

<sup>15</sup> This is the optimal situation, but non-trans people can also be effective outreach workers, especially in contexts where community members are not yet sufficiently empowered to do outreach.

of trans staff members' skills and experience. Non-trans staff should be sensitive to the discrimination, violence and other issues trans people face. All staff should be competent discussing a broad range of issues on gender identity, human rights, sexual and reproductive health and rights in a non-judgemental manner.

Although staff members will be hired with specific roles and job descriptions, they need to be flexible in delivering services, adapting to new situations and incorporating new approaches. Since a crucial goal of effective HIV and STI programmes is to empower trans communities, non-trans staff will learn from trans people themselves, as well as serving as mentors in this process. Capacity strengthening of trans staff is important, with the intent of progressively increasing their engagement and leadership (see Section 5.4).

### 5.3.2 From rolling out services to improving coverage and quality

The roll-out stage is a continuous process. As services become established, the focus shifts to ensuring wide coverage of the community with programmes, and improving quality, while maintaining a human-rights-based approach to service delivery. Managers review progress against targets and adjust strategies and tactics as necessary. Mid-course corrections are based on new data, new approaches or environmental or structural changes that affect programming. The intensity and the quality of services increase as staff become more skilled in their positions. Flexibility and continuous programme learning are extremely valuable during this stage. A strong monitoring system with regular reviews is essential for successful roll-out. It also signals to funders and the government whether programming is being implemented successfully.

### 5.3.3 Systems improvement, social norm change and increased sustainability

Programme implementation has several complementary aims which make the programme more effective and potentially more sustainable:

- Provide services to reduce HIV and STI transmission, and treat HIV and related infections.
- Empower trans people to participate and progressively build their capacity to implement the programme.
- Address structural and institutional barriers through advocacy and policy change.

Implementation during this stage therefore involves not only providing and monitoring services, but also strengthening systems and empowering communities. Some of the earlier, intensive set-up activities may be tapered as social norms change, for example around condom and lubricant use and uptake of clinical services. Ideal characteristics of a maturing programme include:

- Community outreach is led by trans people (see Chapter 4, Section 4.5.1).
- The individual and collective agency of trans people is sufficient for them to seize opportunities and address problems themselves, e.g. with families, parents, partners, police, health systems, government and within the community.
- Trans people are engaged in planning and oversight (governance roles) at local, district and national levels, guiding service delivery and response to violence.
- Social norm change occurs among trans people, e.g. making condom and lubricant use routine.
- Health services are free of stigma and discrimination against trans people.
- Supplies of commodities (condoms, lubricants, HIV test kits etc.) are adequate, through both



social marketing and strengthened country procurement and distribution mechanisms, and trans programmes are included within state commodity tracking systems.

Once the infrastructure, community engagement and coverage have been established and the programme is functioning, it is relatively straightforward to add various further services.

## 5.4 Capacity-building within service-providers and implementing organizations

While an implementing organization may be trans-led, in many settings—and often in the initial stages of a programme—an organization may not have extensive experience working with and supporting trans communities. Consequently, many implementing organizations need capacity-building<sup>16</sup> in delivering trans programmes. Lack of experience does not mean lack of ability, and it is possible to build the capacity of both non-trans and trans staff via online or classroom training, field exposure, supervision/ mentoring and interactive problem-solving sessions.

### 5.4.1 Training staff

Ideally, training materials are adapted specifically for trans programmes and developed nationally to maintain quality and consistency and ensure defined minimum standards. Materials can also be tailored to meet individual capacity-building needs, with pre- and post-assessments to monitor quality of trainings.

#### Non-trans staff

Training goals for non-trans programme staff include:

- orienting staff to the issues experienced by trans people, ensuring correct use of names, terms and terminologies
- acquainting staff with specifics of the project (e.g. intervention elements, reporting procedures)
- building technical skills in new areas (e.g. clinical skills including hormone replacement therapy, anal, vaginal, penile and oral examinations for STIs; counselling on trans issues, specificities of working with young/adolescent trans people)
- transferring skills and responsibilities to trans community members
- See also Chapter 4, Box 4.3.

Effective acquisition of these skills may require a change in staff members' attitudes toward trans people (e.g. their attitudes on gender identity, sexuality or the morality of sex work).

#### Trans staff

One programme goal is to increasingly involve trans people in programme implementation and management and to build their capacity to address environmental, structural and institutional constraints that inhibit preventive and health-seeking behaviours. A training programme should focus on building the skills and hands-on experience of trans people in a wide range of roles within the organization, ranging from conducting and managing outreach and fixed-site service provision

<sup>16</sup> Although this publication uses the term “capacity building”, “capacity development”, “organizational development” or a number of other terms would serve equally well.

to administrative and operational roles including financial management, monitoring and research, policy development and strategic planning, and full programme management and leadership. This training can be conducted in a phased approach. A mentorship programme can be established to guide and encourage individual trans persons who show particular promise, interest and commitment to the organization. More details can be found in Chapter 4, Section 4.5.1.

Although non-trans staff and trans staff may differ in their types and levels of experience and education, wherever possible training should take place jointly so that all participants can learn from one another and bridge gaps in their knowledge and skills in a collaborative manner. Some approaches for capturing programming lessons include:

- routine site visits by programme managers to learn of local innovations and transfer lessons to other sites
- regular scheduled programme reviews—bringing implementing organizations together, including opportunities for cross-sharing of ideas, experiences and solutions to issues raised
- periodic cross-site meetings of technical officers to build networks and share approaches
- formal revision of programme approaches—updating minimum standards, standard operating procedures and reporting procedures.

Box 5.5

**Case example: A curriculum for community systems strengthening in India**

A **training curriculum** on community systems strengthening for trans, *hijras*<sup>17</sup> and MSM (men who have sex with men) communities in India provides 15 modules on topics ranging from organizational development and financial management to identity, gender and sexuality, mental-health counselling, human and legal rights, and life-skills education. The curriculum has been used to train 200 trans, *hijra* and MSM organizations in India. The curriculum was developed by Pehchan in close consultation with community members through consultations, in order to ensure that the material reflected the training needs and priorities of the community organizations themselves.

[www.allianceindia.org/our-work/pehchan](http://www.allianceindia.org/our-work/pehchan)

## 5.4.2 Establishing a supervision system

Regular, scheduled meetings between programme managers and service-providers can provide supportive supervision to foster, mentor and encourage staff. Further functions of supportive supervision include:

- motivating and training staff

<sup>17</sup> *Hijras* are a distinct socio-religious and cultural group within the wider trans population in India who mostly live in close-knit clans known as *gharanas*. *Hijras* traditionally give blessings and offer songs or dances at public ceremonies such as marriages, in return for money; but changing socio-economic conditions have forced a significant proportion of them into begging and sex work for economic survival, increasing their vulnerability to HIV and other sexually transmitted infections.

- sharing guidelines
- monitoring and evaluating staff performance, including focused leadership mentoring
- managing day-to-day challenges
- facilitating organizational support.

Any necessary corrective actions can be identified early and an environment fostered for continuous improvement and independent problem-solving. Periodic team meetings enable review of monitoring data at all levels to track progress towards programme goals, including for community outreach workers, NGO staff, at state/provincial levels, and within central management. Field visits by supervising staff boost morale, provide qualitative information on implementation, and support problem-solving.

As an example, a supervision and programme review system used by a large project in India is depicted in Figure 5.5, along with the level of data that was used as part of the review. Community committee meetings and regular supervision meetings between community outreach workers and their supervisors/managers are two ways in which qualitative as well as quantitative data about the programme may be gathered. This is an important part of the community empowerment process described in Chapter 1.

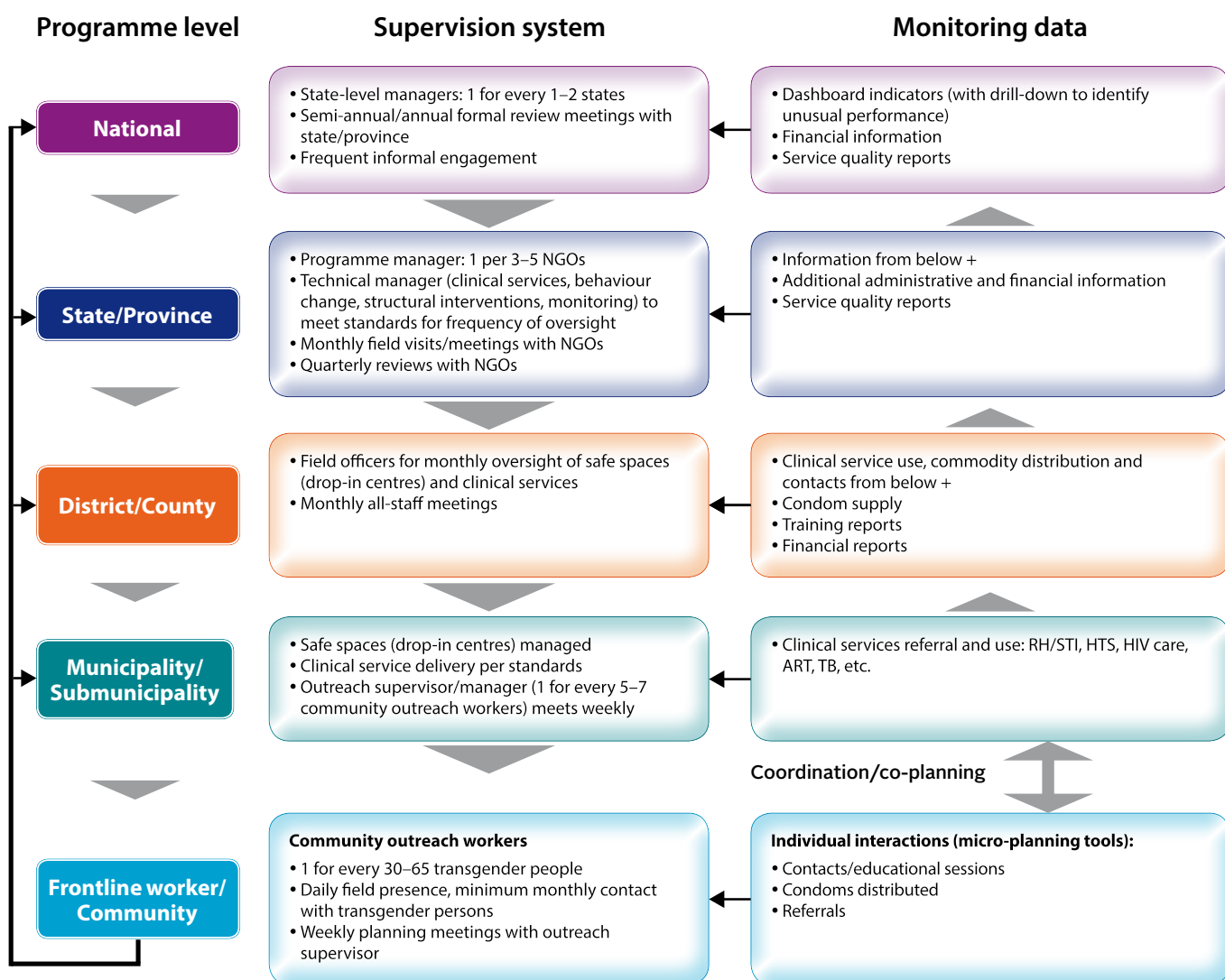
### 5.4.3 Staff development

There are several good practices that ensure optimal staffing and that staff are motivated and satisfied by their work. These include:

- clear job descriptions and roles and responsibilities for all positions in the programme
- clear reporting lines showing to whom each person is accountable
- team-building and a culture of mentoring, with a leadership mentoring programme for trans staff members
- clear criteria for regular performance reviews and recognition
- clear policies on leave, travel reimbursement and remuneration for work, including equitable policies for trans staff. Ideally these will be uniform across a country
- assistance and support to prevent burnout e.g. through workshops or flexible working hours etc.
- opportunities for training for different positions in the organization, such as outreach supervisor, clinic assistant, nursing, counselling, social work, office manager.

It is important to invest in developing and supporting trans and non-trans staff. Ensuring a culture of continuous learning helps to enhance performance and motivate staff to stay fresh and constantly strive to improve both their capacity and ability, and the quality of services provided. Staff who have clear career paths are more motivated to achieve and deliver results. Staff support mechanisms, such as flexible work hours and team building, increase staff retention. The best organizational leaders model commitment, passion and teamwork.

**Figure 5.5** Supervision and monitoring system for a national HIV prevention, diagnosis, treatment and care programme with trans people



## 5.5 Resources and further reading

### Strategic planning and programme management

1. Planning guide for the health sector response to HIV/AIDS. Geneva: World Health Organization; 2011.  
[http://whqlibdoc.who.int/publications/2011/9789241502535\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241502535_eng.pdf)
2. Planning and managing for HIV/AIDS results: a handbook. Washington (DC): Global AIDS Monitoring and Evaluation Team, World Bank Global HIV/AIDS Program; 2007.  
[http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/Results\\_Handbook\\_31Oct2007.pdf](http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/Results_Handbook_31Oct2007.pdf)
3. Guide to the strategic planning process for a national response to HIV/AIDS. Geneva: Joint United Nations Programme on HIV/AIDS; 1998.  
[http://data.unaids.org/publications/IRC-pub05/jc441-stratplan-intro\\_en.pdf](http://data.unaids.org/publications/IRC-pub05/jc441-stratplan-intro_en.pdf)
4. Practical guidance for scaling up health service innovations. Geneva: World Health Organization ExpandNet; 2009.  
[http://www.expandnet.net/PDFs/WHO\\_ExpandNet\\_Practical\\_Guide\\_published.pdf](http://www.expandnet.net/PDFs/WHO_ExpandNet_Practical_Guide_published.pdf)
5. Nine steps for developing a scaling-up strategy. Geneva: World Health Organization & ExpandNet; 2010.  
[http://whqlibdoc.who.int/publications/2010/9789241500319\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241500319_eng.pdf)
6. A commodity management planning guide for the scale-up of HIV counseling and testing services. Arlington (VA): Management Sciences for Health; 2008.  
[http://www.msh.org/sites/msh.org/files/HIV-Testing-Commodity-Guide-VCT\\_final.pdf](http://www.msh.org/sites/msh.org/files/HIV-Testing-Commodity-Guide-VCT_final.pdf)
7. Management and Organizational Sustainability Tool (MOST): A Guide for Users and Facilitators, Second edition. Cambridge(MA): Management Sciences for Health; 2004.  
<http://www.msh.org/resources/management-and-organizational-sustainability-tool-most>
8. Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: recommendations for a public health approach. Geneva: World Health Organization; 2011.  
[http://www.who.int/hiv/pub/guidelines/msm\\_guidelines2011/en](http://www.who.int/hiv/pub/guidelines/msm_guidelines2011/en)
9. Transgender HIV/AIDS health services: best practices guidelines. San Francisco (CA): Transgender Health Services Working Group, City and County of San Francisco; 2007.  
<https://careacttarget.org/sites/default/files/file-upload/resources/tgguidelines.pdf>
10. The time has come: enhancing HIV, STI and other sexual health services for MSM and transgender people in Asia and the Pacific. Training package for health providers to reduce stigma in health care settings. Geneva: United Nations Development Programme; 2013.  
<http://www.thetimehascome.info>
11. Best practices guidance in conducting HIV research with gay, bisexual, and other men who have sex with men (MSM) in rights-constrained environments. New York: amfAR, the Foundation for AIDS Research.  
[http://www.amfar.org/uploadedFiles/\\_amfar.org/In\\_The\\_Community/Publications/MSMguidance2011.pdf](http://www.amfar.org/uploadedFiles/_amfar.org/In_The_Community/Publications/MSMguidance2011.pdf)
12. What is theory of change? [Website.] Center for Theory of Change.  
<http://www.theoryofchange.org/what-is-theory-of-change>

13. Our theory of change: For sustaining community action on health, HIV and rights. Hove (United Kingdom): International HIV/AIDS Alliance; 2013.  
[http://www.aidsalliance.org/assets/000/000/717/90668-Briefing-our-theory-of-change\\_original.pdf?1406297651](http://www.aidsalliance.org/assets/000/000/717/90668-Briefing-our-theory-of-change_original.pdf?1406297651)
14. The essential NGO guide to managing your USAID award. Washington (DC): FHI 360, Management Systems International & United States Agency for International Development; 2010.  
<http://www.fhi360.org/sites/default/files/media/documents/EssentialGuide.pdf>
15. Affirmative care for transgender and gender non-conforming people: best practices for front-line health care staff. Boston (MA): The Fenway Institute; 2013.  
[http://www.lgbthealtheducation.org/wp-content/uploads/13-017\\_TransBestPracticesforFrontlineStaff\\_v6\\_02-19-13\\_FINAL.pdf](http://www.lgbthealtheducation.org/wp-content/uploads/13-017_TransBestPracticesforFrontlineStaff_v6_02-19-13_FINAL.pdf)
16. Primary care protocol for transgender patient care. San Francisco (CA): Center of Excellence for Transgender Health, University of California, San Francisco; 2011.  
<http://transhealth.ucsf.edu/trans?page=protocol-00-00>
17. Standards of care for the health of transsexual, transgender and gender nonconforming people, Version 7. World Professional Association for Transgender Health.  
[http://www.wpath.org/site\\_page.cfm?pk\\_association\\_webpage\\_menu=1351&pk\\_association\\_webpage=3926](http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926)

### **Data collection and assessment**

18. Policy recommendations for inclusive data collection of trans people in HIV prevention, care and services. San Francisco (CA): Center of Excellence for Transgender Health, University of California, San Francisco; 2009.  
<http://transhealth.ucsf.edu/pdf/data-recommendation.pdf>
19. Transgender EuroStudy: legal survey and focus on the transgender experience of health care. Transgender Europe and ILGA-Europe; 2008.  
[http://tgeu.org/wp-content/uploads/2009/11/transgender\\_web.pdf](http://tgeu.org/wp-content/uploads/2009/11/transgender_web.pdf)
20. Gender identity: developing a statistical standard. Wellington: Statistics New Zealand; 2014.  
<http://www.stats.govt.nz/~media/Statistics/about-us/currently%20consulting%20on/gender-identity/gender-identity-standard-bkrnd.pdf>
21. Policy focus: how to gather data on sexual orientation and gender identity in clinical settings. Boston (MA): The Fenway Institute; 2012.  
[http://thefenwayinstitute.org/documents/Policy\\_Brief\\_HowtoGather...\\_v3\\_01.09.12.pdf](http://thefenwayinstitute.org/documents/Policy_Brief_HowtoGather..._v3_01.09.12.pdf)
22. Respondent Driven Sampling (RDS). [Website.]  
<http://www.respondentdrivensampling.org>
23. Collecting transgender-inclusive gender data in workplace and other surveys. [Website.] Human Rights Campaign.  
<http://www.hrc.org/resources/entry/collecting-transgender-inclusive-gender-data-in-workplace-and-other-surveys>
24. Lessons from the front lines: trans health and rights. New York: amfAR, the Foundation for AIDS Research, GATE (Global Action for Trans\* Equality).  
<http://www.amfar.org/frontlines>



### Defining programme logic model, implementation components and standards

25. Guidelines on estimating the size of populations most at risk to HIV. Geneva: World Health Organization and Joint United Nations Programme on HIV/AIDS; 2010.  
[http://www.who.int/hiv/pub/surveillance/estimating\\_populations\\_HIV\\_risk/en](http://www.who.int/hiv/pub/surveillance/estimating_populations_HIV_risk/en)
26. Priorities for Local AIDS Control Efforts: a manual for implementing the PLACE method. Chapel Hill (NC): MEASURE Evaluation; 2005.  
<http://www.cpc.unc.edu/measure/publications/ms-05-13>
27. Using logic models to bring together planning, evaluation, and action: logic model development guide. Battle Creek (MI): W.K. Kellogg Foundation; 2004.  
<http://www.wkkf.org/knowledge-center/resources/2006/02/wk-kellogg-foundation-logic-model-development-guide.aspx>
28. Proposals that work: a systematic guide to planning HIV projects. London: International Planned Parenthood Federation; 2006. Available at:  
[http://www.ippf.org/sites/default/files/hiv\\_proposals\\_that\\_work.pdf](http://www.ippf.org/sites/default/files/hiv_proposals_that_work.pdf)
29. It all starts here: Estimating the size of populations of men who have sex with men and transgender people. APCOM policy brief no. 03. Bangkok: Asia Pacific Coalition on Male Sexual Health; 2010.  
<http://hivhealthclearinghouse.unesco.org/library/documents/it-all-starts-here-estimating-size-populations-men-who-have-sex-men-and>
30. Tool to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization; 2015.  
<http://www.who.int/hiv/pub/toolkits/kpp-monitoring-tools/en>
31. Broadhead R. Peer driven interventions. [Online paper.]  
<https://www.chip.uconn.edu/chipweb/pdfs/PDI%20Summary.pdf>

### Monitoring and evaluation

32. Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men, and transgender people. Volume 1: national and sub-national levels. Chapel Hill (NC): MEASURE Evaluation; 2013.  
<http://www.cpc.unc.edu/measure/resources/publications/ms-11-49a>
33. National AIDS programmes: a guide to monitoring and evaluation. Geneva: Joint United Nations Programme on HIV/AIDS; 2000.  
<http://www.who.int/hiv/pub/me/pubnap/en>
34. A guide to monitoring and evaluation of capacity-building interventions in the health sector in developing countries. MEASURE Evaluation Manual Series, No.7. Chapel Hill (NC): MEASURE Evaluation; 2003.  
[http://www.aidstar-two.org/Tools-Database.cfm?action=detail&id=86&language\\_id=](http://www.aidstar-two.org/Tools-Database.cfm?action=detail&id=86&language_id=)
35. Monitoring and evaluation systems strengthening tool. Developed by the Global Fund, PEPFAR, USAID, and others. Published through the USAID Measure Evaluation Project; 2007.  
<http://www.cpc.unc.edu/measure/publications/ms-07-18>
36. Behavioral surveillance surveys: guidelines for repeated behavioral surveys in populations at risk of HIV. Arlington (VA): Family Health International; 2000.  
[http://www.who.int/hiv/strategic/en/bss\\_fh2000.pdf](http://www.who.int/hiv/strategic/en/bss_fh2000.pdf)

37. Guidelines on surveillance among populations most at risk for HIV. Geneva: World Health Organization; 2011.  
[http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2011/20110518\\_Surveillance\\_among\\_most\\_at\\_risk.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2011/20110518_Surveillance_among_most_at_risk.pdf)
38. Global AIDS response progress reporting 2014: construction of core indicators for monitoring the 2011 UN political declaration on HIV/AIDS. Geneva: Joint United Nations Programme on HIV/AIDS; 2014.  
[http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/document/2014/GARPR\\_2014\\_guidelines\\_en.pdf](http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/document/2014/GARPR_2014_guidelines_en.pdf)
39. Consolidated strategic information guidelines for HIV in the health sector. Geneva: World Health Organization; 2015.  
<http://www.who.int/hiv/pub/guidelines/strategic-information-guidelines/en>
40. Evidence in action: measuring the impact of community –led HIV interventions by and for gay men, other msm, and transgender individuals. New York: amfAR, the Foundation for AIDS Research; 2015.  
[http://www.amfar.org/uploadedFiles/\\_amfarorg/Articles/Around\\_The\\_World/GMT/2015/GMT-EIA-051515.pdf](http://www.amfar.org/uploadedFiles/_amfarorg/Articles/Around_The_World/GMT/2015/GMT-EIA-051515.pdf)

### **Supervision system**

41. Making supervision supportive and sustainable: new approaches to old problems. MAQ Paper No. 4. Washington (DC): United States Agency for International Development; 2002.  
<http://www.k4health.org/sites/default/files/maqpaperonsupervision.pdf>

### **Organizational capacity-building**

42. Managers who lead: a handbook for improving health services. Cambridge (MA): Management Sciences for Health; 2005.  
<http://www.msh.org/sites/msh.org/files/mwl-2008-edition.pdf>
43. Health systems in action: an eHandbook for leaders and managers. Cambridge (MA): Management Sciences for Health; 2010.  
<http://www.msh.org/resources/health-systems-in-action-an-ebook-for-leaders-and-managers>
44. Systematic organizational capacity building: tackling planning and implementation challenges. Cambridge (MA): Management Sciences for Health; 2011.  
[http://www.aidstar-two.org/upload/AS2\\_Tech-Brief3.pdf](http://www.aidstar-two.org/upload/AS2_Tech-Brief3.pdf)
45. Organizational capacity building framework: a foundation for stronger, more sustainable HIV/AIDS programs, organizations & networks. Cambridge (MA): Management Sciences for Health; 2011.  
[http://www.aidstar-two.org/upload/AS2\\_TechnicalBrief-2\\_4-Jan-2011.pdf](http://www.aidstar-two.org/upload/AS2_TechnicalBrief-2_4-Jan-2011.pdf)
46. Challenges encountered in capacity building: a review of literature and selected tools. Cambridge (MA): Management Sciences for Health; 2010.  
[http://www.aidstar-two.org/Focus-Areas/upload/AS2\\_TechnicalBrief\\_1.pdf](http://www.aidstar-two.org/Focus-Areas/upload/AS2_TechnicalBrief_1.pdf)
47. Organizational capacity assessment for community-based organizations. Boston (MA): New Partners Initiative Technical Assistance (NuPITA) Project & John Snow, Inc.; 2012.  
<https://www.usaid.gov/sites/default/files/documents/1864/OCA%20Tool%20for%20Community%20Based%20Organizations.pdf>

48. The amfAR GMT Initiative Mentoring Model: Strengthening Organizational Capacity and Impact Through Local Expertise. New York: amfAR, the Foundation for AIDS Research.  
[http://www.amfar.org/uploadedFiles/\\_amfarorg/Articles/Around\\_The\\_World/GMT/2015/GMT%20Cap%20Building%20Report%20021815v233.pdf](http://www.amfar.org/uploadedFiles/_amfarorg/Articles/Around_The_World/GMT/2015/GMT%20Cap%20Building%20Report%20021815v233.pdf)
49. Pehchan training curriculum: MSM, transgender and hijra community systems strengthening. New Delhi: India HIV/AIDS Alliance; 2013.  
<http://www.allianceindia.org/ourwork/pehchan-training-curriculum-msm-transgender-hijra-community-systems-strengthening-curriculum-guide-pdf-1-1-mb>

## Other

50. Fundraising toolkit: a resource for HIV-related community-based projects serving gay, bisexual and other men who have sex with men (MSM) and transgender individuals in low- and middle-income countries. New York: amfAR, the Foundation for AIDS Research; 2012.  
[http://www.amfar.org/uploadedfiles/\\_amfarorg/around\\_the\\_world/msmtoolkit.pdf](http://www.amfar.org/uploadedfiles/_amfarorg/around_the_world/msmtoolkit.pdf)
51. Transrespect versus transphobia worldwide: a comparative review of the human-rights situation of gender-variant/trans people. Berlin: Transrespect versus Transphobia Worldwide; 2012.  
[http://www.transrespect-transphobia.org/uploads/downloads/Publications/TvT\\_research-report.pdf](http://www.transrespect-transphobia.org/uploads/downloads/Publications/TvT_research-report.pdf)